

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	PICKUP MECH.	ANISM FOR MI	CROWORKPIEC	CE			<u></u>
Fill in Appropriate Information - For Use Without Specification Attached:	the specification	was filed on	to. If not attached here				•
	amended by any ame I acknowledge Regulations, §1.56. I do not know a thereof, or patented year prior to this applicat date of this applicat representative or ass patent or inventor's c application by me or I hereby claim f or inventor's certifica	endment referred to a the duty to disclose and do not believe the or described in any plication, that the sai ion, that the inventio tion in any country igns more than twel certificate on this inv my legal representat oreign priority benef	and understand the control information which is same was ever known printed publication in the was not in public in has not been patent foreign to the Unite ve months (six monthention has been filed ives or assigns, except its under Title 35. Un ave also identified belon which priority is cli	s material to pat n or used in the U any country bef use or on sale in ted or made the sed States of Ame is for designs) pr in any country for as follows. ited States Code, ow any foreign a	entability as defined United States of Amerone my or our invention the United States of subject of an inventor erica on an application to this application	in Title 37, Cocica before my or tion thereof or m America more t's certificate issue ton filed by men, and that no applicates of America.	de of Federal our invention fore than one han one year ed before the or my legal oplication for
TU	Prior Foreign Appl	lication(s)				Priority (Claimed
Insert Prigrity Information: (if appropriate)	90216594 (Number)		R:O:C:	Sep 28, 2 (Month/Day)	2001 /Year Filed)	Yes	□ No
	(Number)	(Country)		(Month/Day	/Year Filed)	☐ Yes	□ No
	(Number)	(Country)		(Month/Day	/Year Filed)	☐ Yes	□ No
	(Number)	(Country)		(Month/Day	/Year Filed)	□ Yes	□ No
	I hereby claim the be	nefit under Title 35, I	Jnited States Code, §1	19(e) of any Unite	ed States provisional a	applications(s) lis	ted below.
Insert Provisional Application(s): (if any)	(Application Number	r)		(Filing Da	ate)		
	(Application Number	r)		(Filing Da	ate)		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
•	Country	A	Application Number		Date of Filing (Mont	h/Day/Year)	
Insert Requested Information: (if appropriate)							
	insofar as the subject application in the ma information which is	ct matter of each of anner provided by the material to the pater	United States Code, §3 the claims of this age first paragraph of Ta ntability as defined in ation and the national	pplication is not itle 35, United Sta Title 37, Code of	disclosed in the pric ites Code, §112, I ack Federal Regulations,	or United States nowledge the du §1.56 which beca	and/or PCT ity to disclose
Insert Prior U.S. Application(s): (if any)	(Application Numbe	r) (Filing Date)	<u> </u>	(Status - patented, p	ending, abandon	ed)
Page 1 of 2	(Application Numbe	r) (Filing Date)		(Status - patented, p	ending, abandon	ed)

Attorney	Docket No
2212 K	/ ED

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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			DATES	
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE	
GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSH		
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Residence (City, State & Country)	·			
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Full Name of Fifth Inventor, if any:

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PLEASE NOTE: YOU MUST COMPLETE

Full Name of First or Sole Impentor: Insert Name of Inventor Insert Date This Document's Signed

Insert Residence Insert Citizenship

Insert Post Office Address

Full Name of Third Inventor, if any: see above

> Inventor, if any: see above

see above

THE FOLLOWING: